

This form is required only when accessorial services are chargeable to the Government. Carrier will enter complete information or "None" in columns. "Unit Price" and "Charge" columns may be omitted when charges are itemized on the Standard Form 1113.

The public reporting burden for this collection of information is estimated to average 3 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to Department of Defense, Washington Headquarters Services, Directorate for Information Operations and Reports (0704-0202), 1215 Jefferson Davis Highway, Suite 1204, Arlington, VA 22202-4302. Respondents should be aware that notwithstanding any other provision of law, no person shall be subject to any penalty for failing to comply with a collection of information if it does not display a currently valid OMB control number.

**PLEASE DO NOT RETURN YOUR FORM TO THE ABOVE ADDRESS.**

<b>1. GOVERNMENT BILL OF LADING NUMBER</b>		<b>2. DATE OF PICKUP AT ORIGIN (YYYYMMDD)</b> 3/28/06		<b>16. ACCESSORIAL SERVICES</b>	
<b>3.a. NAME OF OWNER (Last, First, Middle Initial)</b>		<b>c. RANK OR GRADE</b>		<b>PACKING, PACK MATERIALS AND UNPACKING (1)</b>	
<b>b. SSN</b>		<b>d. ORIGIN OF SHIPMENT</b> Dayton, OH		<b>(2)</b>	
<b>4. ORIGIN OF SHIPMENT</b>		<b>5. DESTINATION OF SHIPMENT</b> Kirtland AFB, NM		<b>(3)</b>	
<b>6.a. ORDERING ACTIVITY/INSTALLATION NAME</b> WPAFB		<b>b. LOCATION</b> WPAFB, OH		<b>(4)</b>	
<b>7.a. NAME OF CARRIER</b>		<b>b. NAME OF AGENT (Last, First, Middle Initial)</b>			
<b>8. SIGNATURE OF CARRIER'S REPRESENTATIVE</b>		<b>9. DATE (YYYYMMDD)</b> 3-28-06			
<b>10. CARRIER'S SHIPMENT REFERENCE NO.</b>		<b>11. AGENT OR DRIVER CODE</b>			
<b>12. PROFESSIONAL BOOKS, PAPERS AND EQUIPMENT (PBP&amp;E) INCLUDED IN SHIPMENT (If not included, write "None")</b>		<b>LBS.</b>			
<b>13. STORAGE-IN-TRANSIT (SIT)</b>		<b>b. SIT SERVICES PROVIDED AT (X one)</b>			
<b>a. STORED AT (1) CITY</b>		<b>(2) STATE</b>			
<b>DATES (YYYYMMDD):</b>		<b>f. NUMBER OF DAYS</b>			
<b>c. IN</b>		<b>d. ORDERED OUT</b>			
<b>e. DELIVERED OUT</b>		<b>g. NET WEIGHT</b>			
<b>h. REQUESTED DELIVERY DATE (YYYYMMDD)</b>		<b>i. SHIPMENT ORDERED INTO AND OUT OF SIT ON DATES INDICATED AND AUTHORIZED BY SIT CONTROL NO.</b>			
<b>j. WAS STORAGE POINT FOR CARRIER'S CONVENIENCE (X one)</b>		<b>YES</b>		<b>NO</b>	
<b>14. REWEIGH CERTIFICATION (If applicable)</b>		<b>a. NUMBER</b>			
<b>b. ORIGINAL GROSS</b>		<b>c. REWEIGH GROSS</b>			
<b>d. ORIGINAL TARE</b>		<b>e. REWEIGH TARE</b>			
<b>f. ORIGINAL NET</b>		<b>g. REWEIGH NET</b>			
<b>15. APPLIANCES SERVICED (Owner/Agent must initial each entry separately.)</b>		<b>OWNER/AGENT INITIALS</b>			
<b>TYPE</b>		<b>MAKE/MODEL NO./MANUFACTURER</b>			
<b>a.</b>		<b>b.</b>			
<b>17. REMARKS</b>		<b>Shipper Initial</b>		<b>Shipper Initial</b>	
<b>No. of Feet - Van to Residence</b>		<b>125 ft</b>		<b>125 ft</b>	
<b>No. of Outside Steps</b>					
<b>No. of Inside Flights (Apartment Bldgs. only)</b>					
<b>18. STATEMENT OF OWNER, MILITARY INSPECTOR/TRANSPORTATION OFFICER</b>		<b>a. MATERIALS WERE FURNISHED/ACCESSORIAL SERVICES WERE PERFORMED</b>		<b>b. SIGNATURE (Do not sign until Carrier has completed column 16(2).)</b>	
<b>AT ORIGIN</b>		<b>OTHER (Explain)</b>		<b>c. DATE SIGNED (YYYYMMDD)</b>	
<b>AT DESTINATION</b>					
<b>19. TRANSPORTATION OFFICER CERTIFICATION: I CERTIFY THAT SHIPMENT SERVICES WERE ACCOMPLISHED AS SHOWN BELOW.</b>		<b>a. SERVICES ACCOMPLISHED (X as applicable)</b>		<b>(3) REWEIGH CERTIFICATION</b>	
<b>(1) ACCESSORIAL SERVICES (Listed in Item 16)</b>		<b>(2) STORAGE-IN-TRANSIT</b>		<b>(4) THIRD PARTY SERVICES</b>	
<b>b. SIGNATURE OF TRANSPORTATION OFFICER</b>		<b>c. TITLE (Print or type)</b>		<b>d. DATE SIGNED (YYYYMMDD)</b>	

DD FORM 619, OCT. 1998 (EG) PREVIOUS EDITION IS OBSOLETE.

# STATEMENT OF ACCESSORIAL SERVICES PERFORMED

This form is required only when accessorial services are chargeable to the Government. Carrier will enter complete information or "None" in columns. "Unit Price" and "Charge" columns may be omitted when charges are itemized on the Standard Form 1113.

Form Approved  
OMB No. 0704-0022  
Expires Oct. 31, 2001

The public reporting burden for this collection of information is estimated to average 5 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing the burden, to Department of Defense, Washington Headquarters Services, Directorate for Information Operations and Reports (0704-0022), 1215 Jefferson Davis Highway, Suite 1204, Arlington, VA 22202-4302. Respondents should be aware that notwithstanding any other provision of law, no person shall be subject to any penalty for failing to comply with a collection of information if it does not display a currently valid OMB control number.

PLEASE DO NOT RETURN YOUR FORM TO THE ABOVE ADDRESS.

1. GOVERNMENT BILL OF LADING NUMBER		2. DATE OF PICKUP AT ORIGIN (YYYYMMDD) 20-Mar-06		16. ACCESSORIAL SERVICES				
3.a. NAME OF OWNER (Last, First, Middle Initial)		b. RANK OR GRADE		PACKING, PACK MATERIALS AND UNPACKING (1)		NUMBER (2)	UNIT PRICE (3)	CHARGE (4)
b. SSN		c. RANK OR GRADE		a. DISH PACK		5	23.40	312.40
4. ORIGIN OF SHIPMENT Summan, IN		5. DESTINATION OF SHIPMENT New Orleans, LA		b. CARTONS (Less than 3 cubic feet)		6	5.65	61.02
6. ORDERING ACTIVITY/INSTALLATION NAME Wright-Patterson AFB		b. LOCATION Dayton, OH		c. CARTONS (3 cubic feet)		6	8.55	92.34
7.a. NAME OF CARRIER		b. NAME OF AGENT (Last, First, Middle Initial)		d. CARTONS (4-1/2 cubic feet)		17	10.60	248.04
8. SIGNATURE OF CARRIER'S REPRESENTATIVE		9. DATE (YYYYMMDD)		e. CARTONS (6 cubic feet)		17	13.70	24.66
10. CARRIER'S SHIPMENT REFERENCE NO.		11. AGENT OR DRIVER CODE		f. CARTONS (8-1/2 cubic feet)		7	10.80	19.44
12. PROFESSIONAL BOOKS, PAPERS AND EQUIPMENT (PBP&E) INCLUDED IN SHIPMENT (If not included, write "None")		LBS.		g. WARDROBE (Not less than 10 cubic feet)		7	10.80	19.44
13. STORAGE-IN-TRANSIT (BIT)		a. STORED AT (1) CITY (2) STATE		h. MATTRESS, CRIB		—	—	—
a. STORED AT (1) CITY (2) STATE		b. SIT SERVICES PROVIDED AT (X one)		i. MATTRESS (Not exceeding 30" x 75")		—	—	—
DATES (YYYYMMDD):		ORIGIN		j. MATTRESS (Not exceeding 54" x 75")		—	—	—
c. IN		d. ORDERED OUT		k. MATTRESS (30" x 80")		—	—	—
e. DELIVERED OUT		f. NUMBER OF DAYS		l. MATTRESS (Exceeding 54" x 75")		—	—	—
g. NET WEIGHT		h. REQUESTED DELIVERY DATE (YYYYMMDD)		m. TOTAL		1506	—	—
i. SHIPMENT ORDERED INTO AND OUT OF BIT ON DATES INDICATED AND AUTHORIZED BY SIT CONTROL NO.		j. WAS STORAGE POINT FOR CARRIER'S CONVENIENCE (X one)		n. TOTAL SUBJECT MAX-PAK		17.40	1808	1657.90
k. YES		l. NO		o. GRANDFATHER CLOCK CARTONS		—	—	—
14. REWEIGH CERTIFICATION (If applicable)		a. NUMBER		p. CORRUGATED CONTAINERS (Special constr.)		7	20.55	36.99
b. ORIGINAL GROSS		c. REWEIGH GROSS		q. BOXES - WOODEN/CARTONS (Not over 5 cu ft.)		—	—	—
d. ORIGINAL TARE		e. REWEIGH TARE		r. BOXES (Over 5 cu ft./not over 8 cu ft.)		—	—	—
f. ORIGINAL NET		g. REWEIGH NET		s. BOXES (Over 8 cu ft.) (Gross cu ft.)		—	—	—
15. APPLIANCES SERVICED (Owner/Agent must initial each entry separately.)		TYPE		MAKE/MODEL NO./MANUFACTURER		OWNER/AGENT INITIALS		—
a.		b.		c.		d.		—
17. REMARKS		No. of Feet - Van to Residence		110 ft.		Elevator Used (yes/no)		—
No. of Outside Steps		No. of Inside Flights (Apartment Bldgs. only)		—		Piano or Organ & Size		—
Bulky Article		—		—		—		—
18. STATEMENT OF OWNER, MILITARY INSPECTOR/TRANSPORTATION OFFICER		a. MATERIALS WERE FURNISHED/ACCESSORIAL SERVICES WERE PERFORMED		b. SIGNATURE (Do not sign until Carrier has completed column 16(2).)		c. DATE SIGNED (YYYYMMDD)		06/03/20
X AT ORIGIN		OTHER (Explain)		—		—		—
AT DESTINATION		—		—		—		—
19. TRANSPORTATION OFFICER CERTIFICATION. I CERTIFY THAT SHIPMENT SERVICES WERE ACCOMPLISHED AS SHOWN BELOW.		a. SERVICES ACCOMPLISHED (X as applicable)		b. REWEIGH CERTIFICATION		c. WAITING TIME		—
(1) ACCESSORIAL SERVICES (Listed in Item 16)		(3) THIRD PARTY SERVICES		(7) UNLOADING SERVICE (Baggage only)		(8) OTHER (Specify)		—
(2) STORAGE-IN-TRANSIT		(5) BULKY ARTICLE CHARGE		(8) OVERTIME LOADING/UNLOADING CHARGE		—		—
b. SIGNATURE OF TRANSPORTATION OFFICER		c. TITLE (Print or type)		d. DATE SIGNED		—		—

Please note that the form indicates that any empty boxes be annotated with

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the word "NONE". We prefer this, however we will accept a line or an X

# CORRECT